

CERTIFICATION OF DEATH RECORD

PLAINTIFF'S
EXHIBIT

1

WILL COUNTY LOCAL REGISTRAR
JOLIET, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 0082472

DATE ISSUED 9/16/2022

DECEDENT'S LEGAL NAME JEFFERY WAYNE HOOD				SEX MALE	DATE OF DEATH SEPTEMBER 14, 2022
COUNTY OF DEATH WILL		AGE AT LAST BIRTHDAY 45 YEARS		DATE OF BIRTH DECEMBER 08, 1976	
CITY OR TOWN BRAIDWOOD			HOSPITAL OR OTHER INSTITUTION NAME 250 PARTRIDGE RUN DRIVE		
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE JOLIET, IL		SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ALISSIA DAWN KRUG	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 250 PARTRIDGE RUN DRIVE			APT. NO.	CITY OR TOWN BRAIDWOOD	INSIDE CITY LIMITS? YES
COUNTY WILL	STATE IL	ZIP CODE 60408	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RONALD WAYNE HOOD		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DAREDA SUZETTE WAGGONER
INFORMANT'S NAME ALISSIA DAWN HOOD			RELATIONSHIP WIFE	MAILING ADDRESS 250 PARTRIDGE RUN DRIVE, BRAIDWOOD, IL, 60408	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION RIVER'S EDGE CREMATORY		LOCATION - CITY OR TOWN AND STATE JOLIET, IL	DATE OF DISPOSITION SEPTEMBER 16, 2022
FUNERAL HOME REEVES FUNERAL HOMES LTD, 75 NORTH BROADWAY, COAL CITY, IL, 60416					
FUNERAL DIRECTOR'S NAME MATTHEW R BASKERVILLE				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015197	
LOCAL REGISTRAR'S NAME SUSAN OLENEK				DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 16, 2022	
CAUSE OF DEATH PART I. COLON CANCER IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 MONTHS					
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I				WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE				MANNER OF DEATH NATURAL	
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED:					IF TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE AUGUST 01, 2022	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 09:17 AM	
CERTIFIER PHYSICIAN				DATE CERTIFIED SEPTEMBER 15, 2022	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. MARK PASSERMAN, 389 EAST MAIN STREET, BRAIDWOOD, ILLINOIS, 60408					PHYSICIAN'S LICENSE NUMBER 036

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Susan Olenek
Susan Olenek

Executive Director and Local Registrar
Will County Health Department

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



HOLD UP TO LIGHT TO VERIFY TRUE WATERMARK

THE WORD VOID APPLIES WHEN PHOTOCOPIED